Attitudes towards Insulin Therapy of Physicians in Treatment of Type2 Diabetes Mellitus Patients with Indication for Insulin Therapy following Treatment Failure with Oral Anti-Hyperglycemic Drugs

Sawaraj Choksakunwong¹
Sucheer Phattharayuttawat¹
Weerachai Sriwanichakorn¹
Thanet Chaisathaphol¹
Choticha Auesomwang¹
Tullaya Sitasuwan²
Apiradee Sriwijitkamol³
Chaiwat Washirasaksiri²
Charoen Chouriyagune²

¹Department of Medicine, Faculty of Medicine, Siriraj Hospital, Bangkok 10700, Thailand, ²Division of Ambulatory Medicine, Department of Medicine, Faculty of Medicine, Siriraj Hospital, Bangkok 10700, Thailand, ³Department of Psychiatry, Faculty of Medicine, Siriraj Hospital, Bangkok 10700, Thailand, ⁴Division of Endocrine and Metabolism, Department of Medicine, Faculty of Medicine, Siriraj Hospital, Bangkok 10700, Thailand

Background: Although glycemic control of type 2 diabetes mellitus patients to achieve target of HbA1c less than 7% can prevent complication from diabetes, there are still small amounts of them who are able to achieve target glycemic control. One of the contributing problems is delay in initiation of insulin treatment.

Objective: The purpose of this study was to identify physician’s attitudes about insulin therapy which could be a barrier to type 2 diabetes patients initiating insulin treatment.

Methods: This study was a questionnaire-based survey descriptive study about attitudes towards insulin therapy among physicians in outpatient unit of Siriraj Hospital between May 2016, and April 2018.

Results: The number of 105 physicians participated in this study, including 15 endocrinologists/endocrine fellows, 7 internists, 80 internal medicine residents, and 3 general practitioners. The average HbA1C at which physicians responded they would recommend insulin to their patients was >8-8.5% (27.6%), but differently in each group, while >8-8.5% (60%) in endocrinologists/endocrine fellows group, >9.5-10% (42.9%) in internists group, and >8-8.5%, >9-9.5% (23.8%, 23.8%) in internal medicine residents group. Regarding physician’s barriers to insulin initiation, the biggest differences of concerns expressed by endocrinologists/endocrine fellows compared with others were observed, with statistical significance, in the following items: “Proper insulin dose adjustment in outpatients setting is difficult” (0% vs 38.9%, p = 0.003), “It is difficult to advise patients who fear injection drugs to use insulin” (33.3% vs 67.8%, p = 0.011), “I do not have time to advice or persuade patients to use insulin” (6.7% vs 43.3%, p = 0.007), “I have concern that insulin injection is difficult for patients” (13.3% vs 55.6%, p = 0.002), and “Insulin treatment is difficult in patients who do not have strong family support” (13.3% vs 65.6%, p < 0.001).

Conclusion: The average HbA1C which physicians initiate insulin to their patients is lower in the group of endocrinologists/endocrine fellows than other groups. Therefore, the problem of delay in insulin initiation can be resulted from physicians themselves. The causes of problems include physician’s experience, burden related to explanations, and consideration of burden on patients and their families.

Keywords: Insulin, Attitude, Physician